

Summons and Complaint Return of Service

Case No. 10-12297
Hon. Bernard A. Friedman

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Party Served: First Horizon National Corporation

Date of Service: July 12, 2010

Method of Service

Personally served at this address:

Left copies at the usual place of abode with (name of person):

Other (specify):

Certified Mail/Return Receipt to: FIRST HORIZON NATIONAL CORPORATION RA: Clyde A. Billings Jr.
RA: Clyde A. Billings Jr. 165 Madison Ave.
Memphis, TN 38103

Returned unexecuted (reason):

Service Fees: Travel \$_____ Service \$_____ Total \$_____

Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server: Brandy A. Moore

Signature of Server: Brandy A. Moore

Date: July 15, 2010

Server's Address: _____

Nitzkin & Associates

22142 W. Nine Mile Rd., Southfield, MI 48033

Approved, SCAO

PROBATE JDC CODE: POM

STATE OF MICHIGAN JUDICIAL DISTRICT USDCM JUDICIAL CIRCUIT COUNTY PROBATE		PROOF OF MAILING	CASE NO. 2:10-cv-12297-BAF-PJK
Court address		Court telephone no.	

Plaintiff(s) MARK SCANLAN c/o Nitzkin & Associates Southfield, MI 48033	v	Defendant(s) FIRST HORIZON NATIONAL CORPORATION RA: Clyde A. Billings, Jr. 165 Madison Ave. Memphis, TN 38103
<input type="checkbox"/> Juvenile In the matter of _____ <input type="checkbox"/> Probate In the matter of _____		

Certified
 On the date below I sent by first-class mail a copy of the SUMMONS & COMPLAINT to:
FIRST HORIZON NATIONAL CORPORATION
 by Certified Mail on 6/11/2010 & signed for on 7/12/2010

to: Names and addresses

FIRST HORIZON NATIONAL CORPORATION

RA: Clyde A. Billings, Jr.

165 Madison Ave.

Memphis, TN 38103

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY							
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Brandy A. Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> <i>Brandy A. Moore</i> <input type="checkbox"/> Date of Delivery <i>7/12/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>							
<p>1. Article Addressed to:</p> <p>First Horizon National Corporation RA: Clyde A. Billings, Jr. 165 Madison Ave. Memphis, TN 38103</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail								
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise								
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.								

7009 2250 0002 7035 1830

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

I declare that the statements above are true to the best of my information, knowledge, and belief.

7/15/2010
Date

Brandy A. Moore
Signature
Brandy A. Moore

Name (type or print)